



ANNUAL REPORT

DISPOSAL QUANTITY REPORTING METHODS FOR USE BY TRANSFORMATION FACILITY OPERATORS

Calendar Year: _____

(1) Facility Name: _____ Facility SWIS No.: _____

Facility Address: _____

(2) Operator Name: _____

(3) Operator Mailing Address: _____

(4) Operator Telephone No.: _____ - _____ - _____

(5) Operator Email (if available): _____

(6) No. of Scales: _____ Type of Scales: _____

(7) Volumetric Conversion Factors used for each vehicle/trailer/load type:

Volumetric Conversion Factors	Vehicle/Trailer/Load Type	Method used to determine the Conversion Factors

(8) Frequency of Survey (Check one only): Daily ' Continuous ' Other ' (attach explanation)

(9) Method(s) used to determine jurisdiction of origin, including the questions gatehouse attendants ask haulers:

(10) Method(s) used to verify origin information, if applicable: _____

(11) Method(s) used to track C&D debris/inert debris loads, if applicable: _____

(12) Method(s) used to track disaster waste loads, if applicable: _____

(13) Percentage of the total tons of disposed waste assigned to each jurisdiction that was based on:

a) Origin information collected during a one-week per quarter survey period as allowed in section 18810.6(b) of 18810.6(c), if applicable: _____ %, and

b) Volumetric conversion factors rather than actual weight measurements: _____ %

(14) Restrictions on which jurisdictions may use the facility: _____

- (15) Differences in facility tipping fees based on jurisdiction of origin: _____

- (16) Computer program(s) or method used to track waste tonnage and origin information: _____

- (17) Facility operation days & hours (including all significant variations in the schedule during the reporting year): _____

- (18) Designated waste types accepted and method(s) of tracking designated wastes, if applicable: _____

- (19) Final disposition of ash resulting from the transformation process, including the method of ash diversion, if applicable: _____

Notes:

1. Use one form for each facility.
2. This form should be used by all Transformation Facility owners/operators operating in Los Angeles County.
3. No later than two and a half months after the end of each calendar year, complete this form and forward it to the Los Angeles County Department of Public Works, Environmental Programs Division, PO Box 1460, Alhambra, CA 91802-1460. **1-800-320-1771**
4. A copy of this form must be retained by the facility owner/operator for a period of three years. This form must be made available for review upon request during business hours.